FT0/SB/96 (12-04) Approved for use through 7/31/2006, OMB 0651-0032

Approved for use through 7/31/2005. CNIB 0651-0032 U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application of Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 625 Substitute for Form PTO-875 OTHER THAN APPLICATION AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Catumn 2) (Column 1) NUMBER FILED NUMBER EXTRA RATE (6) FEE (\$) RATE (\$) FEE (S) BASIC FEE 770 (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(A), (i), or (m)) **EXAMINATION FEE** (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS 30 ३० OR 10 minus 20 = (37 CFR 1.16(i)) INDEPENDENT C'L'UMS = minus 3 × (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) 9 50 TOTAL TOTAL " If the difference in column 1 is less than zero, enter "T" in column 2. APPLICATION AS AMENDED - PART II OTHER THAN OR SMALL ENTITY (Column 3) (Column 2) SMALL ENTITY (Column 1) CLAIMS HIGHEST RATE (5) PRESENT RATE (S) ADOI-ADDL REMAINING NUMBER **EXTRA** TIONAL TIONAL AFTER PREVIOUSLY ENT FEE (S) FEE Ø AMENDMENT PAID FOR Total car cere usesyn Minus = Q 30 = OR ENDMI Minus Independent D7 CFR 1,16(h)) OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(II)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE 1-17-07 (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST PRESENT RATE (S) RATE (S) ADOL ADDI-REMAINING NUMBER ω TIONAL PREVIOUSLY **EXTRA** TIONAL AFTER Ē FEE(S) FEE (S) AMENDMENT PAID FOR Linus Total profesion 38 30 OR ENDM Independent O7 CFR 1.1600) Mires 3 = OR X Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(1)) OR TOTAL ADO'L FEE TOTAL OR ADO'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

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"If the "Highest Number Previously Paid For" I'll THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16, The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the Individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this bundlen, should be sent to the Chief Information Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.